



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )

Osypka et al. )

Serial No.: 09/911,563 )

Filed: July 24, 2001 )

For: **APPARATUS FOR  
VASCULAR ACCESS** )

Group Art Unit: 3763

Examiner: Thompson, Kathryn L

Confirmation No. 6118

Assistant Commissioner for Patents  
Washington, DC 20231

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AMENDMENT UNDER 37 C.F.R. §1.116

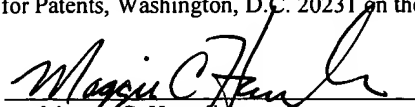
Sir/Madam:

In response to the Final Office Action dated February 13, 2003, Applicants submit herewith the following amendments and remarks for consideration by the Examiner.

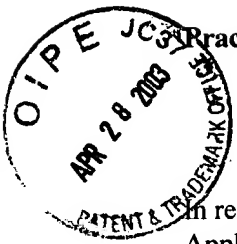
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date indicated below.

Date: April 22, 2003

  
Maggie C. Hamelin

RF/3763



Practitioner's Docket No. 58937 (49363) PATENT

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment for this application.

STATUS

2. Applicant is  
[X] a small entity. A statement:  
[ ] is attached.  
[ ] was already filed.  
[ ] other than a small entity.

EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) -- If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. SECTION 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- [X] deposited with the United States Postal Service, as First Class Mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- [ ] transmitted by facsimile to Group \_\_\_\_\_ of the Patent and Trademark Office \_\_\_\_\_.

Date: April 22, 2003

Signature Maggie C. Hamelin  
Maggie C. Hamelin

(type or print name of person certifying)

*If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).*

NOTE: See 37 C.F.R. Section 1.645 for extensions of time in interference proceedings, and 37 C.F.R. Section 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. Section 1.136 apply.

*(complete (a) or (b), as applicable)*

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 (fees: 37 C.F.R. Section 1.17(a)(1)-(4)) for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 410.00	\$ 205.00
<input type="checkbox"/>	three months	\$ 930.00	\$ 465.00
<input type="checkbox"/>	four months	\$ 1,450.00	\$ 725.00

Fee: \$ 0.00

If an additional extension of time is required, please consider this a petition therefor.

*(check and complete the next item, if applicable)*

- ☐ An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. Section 1.16(b)-(d)) has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3) SMALL ENTITY					OTHER THAN A SMALL ENTITY			
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total	** Minus	**	=	x \$9 =	\$		x \$18 =	\$
Indep.	** Minus	**	=	x \$42 =	\$		x \$84 =	\$
[ ] First Presentation of Multiple Dependent Claim				+ \$140 =	\$		+ \$280 =	\$
					Total Addit. Fee	OR	Total Addit. Fee	
					\$____		\$	

\* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** "After final rejection or action (Section 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. Section 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) [X] No additional fee for claims is required.

OR

(d) [ ] Total additional fee for claims required \$

## FEE PAYMENT

5. [ ] Attached is a check in the sum of \$ \_\_\_\_.
- [ ] Charge Account No. 04-1105 the sum of \$ \_\_\_\_.

## FEE DEFICIENCY

*NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No. 04-1105.

## AND/OR

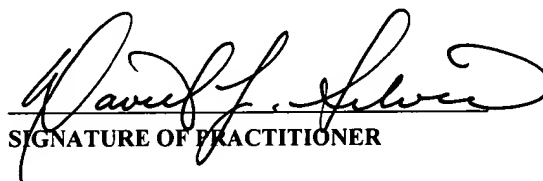
☒ If any additional fee for claims is required, charge Account No. 04-1105.

Date: April 22, 2003

Reg. No. 49,036

Tel. No. (203) 975-7505

Customer No. 21874



SIGNATURE OF PRACTITIONER

David J. Silvia

(type or print name of practitioner)

EDWARDS & ANGELL, LLP

P.O. Box 9169

P.O. Address

Boston, MA 02209

NYC\_144712.1